

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2000

Application or Docket Number

09/831794

CLAIMS AS FILED - PART I

(Column 1)	(Column 2)
TOTAL CLAIMS	
FOR	NUMBER FILED NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	1 minus 20 =
INDEPENDENT CLAIMS	1 minus 3 =
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE	OTHER THAN SMALL ENTITY
RATE	FEE
BASIC FEE	<i>430</i>
XS 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL	<i>430</i>
RATE	FEE
BASIC FEE	<input type="checkbox"/>
XS18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL	<input type="checkbox"/>

CLAIMS AS AMENDED - PART II

(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	• Minus	.. =
Independent	• Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

SMALL ENTITY	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>
RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	• Minus	.. =
Independent	• Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>
RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>

(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	• Minus	.. =
Independent	• Minus	... =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		

RATE	ADDI- TIONAL FEE
X\$ 9=	<input type="checkbox"/>
X40=	<input type="checkbox"/>
+135=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>
RATE	ADDI- TIONAL FEE
X\$18=	<input type="checkbox"/>
X80=	<input type="checkbox"/>
+270=	<input type="checkbox"/>
TOTAL ADDT. FEE	<input type="checkbox"/>

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.